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ABSTRACT

The paper describes principles and procedures of naturalistic assessment as practiced in the Schaumberg Early Education Center (SEEC), a preschool setting for handicapped children. It is explained that a multidisciplinary team observes and interacts with students in an environment that encourages play and spontaneity. The SEEC screening procedure is outlined, and observational guidelines based on Piagetian theory are discussed. (CL)

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ASSESSMENT IN A NATURAL CONTEXT

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ASSESSMENT IN A NATURAL CONTEXT

INTRODUCTION

What kind of information do we need to know about children?

Can children be assessed in everyday natural environments?

Do children at play tell us everything we need to know?

Are Piaget and developmental psychology functional?

Can an interdisciplinary team work effectively?

In Schaumburg District 54 we have consistently asked ourselves whether we were providing children the maximum opportunity to demonstrate their potential so that we might provide the most appropriate educational setting. Through a long process of exploration and evaluation of assessment techniques, we are implementing an alternative to traditional diagnostic techniques. We know that we have not answered all the questions relating to assessment but have developed basic orienting principles. This process that focuses on the child takes place in the child's natural play environment: ASSESSMENT IN A NATURAL CONTEXT.

SCENARIOS

TRADITIONAL EVALUATION

A four year old child is sitting at a small round table in the examiner's office. Several puzzles, some doll furniture, and pictures are on the table. On the nearby desk, ready for use, are the PPVT, the ITPA and Stanford Binet as well as several other tests appropriate for use with young children. The examiner is careful to establish a relaxed atmosphere and plays encouragingly with the child while asking questions to elicit a spontaneous language sample. Initially, the child is somewhat hesitant to respond but generally opens up and talks spontaneously to the adult about the toys on the table. Later, the examiner is able to administer several of the standardized tests because the youngster is responsive, but several sections of the ITPA cannot be administered. Meanwhile, the child's parents have waited patiently to talk to the examiner and hear the report on their child.

or

ASSESSMENT IN A NATURAL CONTEXT

Young children, three to five years old, are exploring toys, climbing a rope ladder, building a house with blocks, looking excitedly to find another activity, talking to each other and talking spontaneously to the adults. One child is experiencing a few moments of anxiety about leaving his mom but his fears disappear as he is gently helped to join the group with the support of one of the facilitators. Another child is upset when his toy is taken by another child and lashes out with his fists. For forty-five minutes, four to six children play and are "themselves", while an interdisciplinary team observes and interacts with them. The team writes down and records a multitude of observations. Assessment is occurring in a natural context. Meanwhile, the children's parents are meeting to share medical background and to become acquainted with the SEEC program. The various avenues of involvement available for the child and parents are shared.

ORIENTING PRINCIPLES

Assessment in a natural context allows children to be themselves. It is a setting where children can freely explore and interact with other children and an interdisciplinary team. The room is arranged with a variety of inviting toys as well as, large motor equipment.

Each of the professionals involved comes with a framework for interacting with the child. Professionals utilize (draw upon) their previous experience or knowledge of developmental growth during interaction with the children. The team members may have any of the following experiences as referents for interaction in the diagnostic assessment: 1) formal course work in human growth and development and special education, 2) observation of youngsters in traditional settings at home or school, 3) diagnostic testing experience utilizing criterion referenced and norm based instruments, 4) experience with case study evaluation and, knowledge of child development that is based on a developmental framework.

TEAMING

The diagnostic team is comprised of a group of professionals from a variety of disciplines. This may include psychologist, language and speech therapist, nurse, social worker, occupational therapist, physical therapist, teacher, consultant for visually impaired. The multidisciplinary team functions as an interdisciplinary unit. Interdisciplinary functioning includes: 1) sharing and exchanging of observations regarding a child, 2) acceptance of another professional's point of reference about a child, 3) encouraging professionals to express observations about disciplines other than their own. For example, the language therapist gives information about a child's cognitive functioning and the psychologist talks about the language development of a child.

For an interdisciplinary team to function fully it is critical that each team member understand how to use his own particular expertise in relationship to the team. It is this system of relationships that affects each person's interaction with the child and with each other which maximizes the possibility of total team functioning. This system of interactions necessitates the development of heightened interpersonal contact with the respect for personal and professional boundaries. This critical system of relationships develops most fully when given sufficient "time and space." These important relationships cannot develop overnight.

STYLE AND CLIMATE

In contrast to the traditional "examiner" oriented style when the child is expected to respond appropriately to an adult's presentation of tasks, this assessment process centers on the child's "natural" interactions with the

environment. This interactive style is a child oriented process. The basic notion that creates this style and climate of interaction is a belief that observational information is the essence of diagnosis and demands a heightened responsiveness and awareness by the adult interactor.

The format that best reflects this observational style encourages:

CHILD	ADULT
the child to freely explore and investigate a play environment in the most meaningful way.	the examiner to be responsive to the child; facilitate rather than control the child's responses.
the child to respond to an adult as a playful interactor. The child perceives the adult as a peer and is "free" to be himself. The child may order, make requests, question, create, pretend, argue, dialogue, laugh, etc.	the adult to be a playmate. As a playmate the adult may sit on the floor, kneel, knock things down, climb over toys, pretend, act 'naughty," be silly, and assume the many other child-like qualities.
the child to demonstrate the level of developmental functioning that has been attained without the constraint of age normed tasks.	the adult to be knowledgeable of child's developmental stage. The adult's interaction is geared to the child's level of development rather than to a prescribed expectancy based on chronological age.
the child to explore the many possibilities of interpersonal relationships. The child can play "peek-a-boo," chase, hide and seek, catch me; or the child can be shy, afraid, silly, angry, brave, inquisitive, bossy, loving, and playful.	the adult to constantly formulate an assumption and/or hypothesize about the child's strengths and weaknesses. Knowledge and awareness about the child is continually changed, modified, or restructured depending upon the nuances of a child's touch, expression, movement, or interaction within a given moment.
the child to set the pace of the interaction and allow the child to be an active initiator or a more passive participant or bystander.	the adult to respond as an evocateur as opposed to a provocateur. An evocateur arranges the diagnostic interaction to allow for the many differences of children rather than provoking a specific response. Because of the range of differences, the adult who is with a quiet, unresponsive child may become an enticing instigator. The adult may become a quiet, caring, and supportive friend when with an aggressive angry child.

ENVIRONMENT AND PHYSICAL SETTING

Children need space to move. They "open up" in an environment that has familiar toys as well as some that are "new" and exciting.

The most appropriate diagnostic setting is arranged to encourage children to freely explore and interact. The room is filled with a variety of inviting toys, manipulatives and large motor equipment. This physical arrangement is primary because it continues to focus on a process orientation, reflects and respects the child's point of view, considers the child's developmental stage, and encourages everyone involved to interact with a heightened awareness. In this child sized environment one sees:

- smiling faces and friendly adults
- puppets
- light and airy space
- growing things
- bright colors
- stuffed, furry animals
- riding equipment
- climbing apparatus
- dollhouse
- play corner with trucks and cars
- giant blocks and balls
- sand box
- water table
- bubbles
- Legos
- magic markers and paper
- adults and children in play clothes
- disarranged toys
- dress up clothes, hats and purses
- picture books.

THE SCREENING PROCEDURE

1. Parents refer their children for screening by contacting their neighborhood school. The school then refers the parent to the Schaumburg Early Education Center (SEEC).

2. A screening appointment is made and parents are sent background information forms to bring to the screening appointment.

3. Screenings are completed within thirty to sixty days of the initial referral.

4. While the children are involved in the forty-five minute assessment interaction, their parents are meeting with the Parent Involvement Coordinator and nurse. At this time questions are answered and information shared about the background information forms, child development, the SEEC program, the screening process, and the staffing procedure.

5. Following the screening, staff conferences are held at fifteen minute intervals.

6. While parents are involved in the staff conference, the children are included in the SEEC classroom settings.

7. At the staff conference the team shares their diagnostic information with the parents and eligibility for the program is determined. Parents frequently

offer additional information and discuss their concerns. During this dialogue, an educational plan is formulated to meet the child's and parent's needs. Occasionally, before eligibility can be determined an additional period of diagnostic observation is arranged. This additional observation may last up to six weeks.

If the child is determined to be eligible for the SEEC program, busing is arranged and programing begins the following week.

Alternative educational programs may include: home facilitation, staff consultation with nursery schools, neighborhood group experiences, Head Start, parent participation in SEEC workshops, and any other appropriate plan.

ONGOING ASSESSMENT AND DIAGNOSIS

The screening setting allows for the identification of children with a variety of special needs. Children may be identified with physical involvement, language and speech delays, intellectual delays or gaps, and/or social emotional needs. The screening process leads naturally into ongoing assessment and diagnosis. A classroom setting similar to the screening environment provides the opportunity for ongoing evaluation. During this lengthened time of interaction with children more definitive and specific diagnostic information is compiled for appropriate educational planning.

SEEC OBSERVATIONAL GUIDELINES

The SEEC observational guidelines are comprised of a mini and maxiwheel of developmental milestones. They are based on various reviews of Piaget's writings, as well as the SEEC staff's interpretation of his works. Other compatible resources have been explored and utilized when appropriate including Lois Bloom and Margaret Lahey, Roger Brown, and Burton White.

The SEEC wheels record what a child can do as he "acts on" his natural environment, rather than recording what the child cannot do on the basis of a standardized testing model. The wheels are not intended to be used as "testing devices" or to place children in restrictive diagnostic categories. The wheels are meant to provide continuous and ongoing observational information that can readily be used in developing an educational play for each child.

The SEEC Miniwheel

The miniwheel was compiled by the total SEEC staff to provide a quick index of the child's stage of development. Twelve significant milestones from each of the five critical areas have been designated. The specific milestones have been chosen because they reflect significant increments of growth for the child in any one of the areas. Each of these milestones is matched across categories to reflect the same

appropriate level of development. When this information is recorded, it provides a graphic profile which illustrates an integrated cross reference of the child's total performance.

At the time of entry into the program, growth areas for the child are designated and indepth diagnostic information is obtained by utilizing the appropriate area/s on the maxiwheel. (See attached sample. Note: criteria are not included.)

The SEEC Maxiwheel

The SEEC maxiwheel is divided into four areas: intellectual, language motor and social emotional. Each area of the maxiwheel is intended to interlock with the other four areas. (The eventual goal is to intertwine the areas to show the interrelation and interdependence between all four areas.) Each milestone is viewed as part of a total developmental range rather than as a separate entity. (See attached sample. Note: criteria are not included.)

a) The intellectual area is based on the staff's interpretation of Piaget's writings. It is divided into the sensori-motor and pre-operational (pre-conceptual and intuitive) stages of development. The intellectual milestones provide the observer with a diagnostic picture of the child's cognitive development and is utilized to formulate an educational plan for the child.

b) The language milestones are utilized to systematically assess and observe language development within a natural play environment. This approach gives credit for the syntactic categories the child can use, taking into account the various stages in the hierarchy of language development, regardless of whether the utterance is linguistically correct. Integral in the analysis of individual verbal responses is the interaction between the grammatic structure, the underlying meaning or intent, and the appropriate social use. Each milestone is an attempt to reflect the premise that verbal language and cognition should be viewed as integrated.

c) The social emotional area is divided into three subheadings which reflect the child's ability to relate to himself, his peers, and adults. The child is viewed as a basically competent individual who may have growth needs in one or more of the subheadings.

d) The motor area includes milestones that identify the child's strengths in balance, posture, fine and gross motor coordination, as well as visual motor coordination. These milestones are recorded during the natural play of the child as he climbs and moves spontaneously in the play setting.

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SE EC
-SAMPLE-

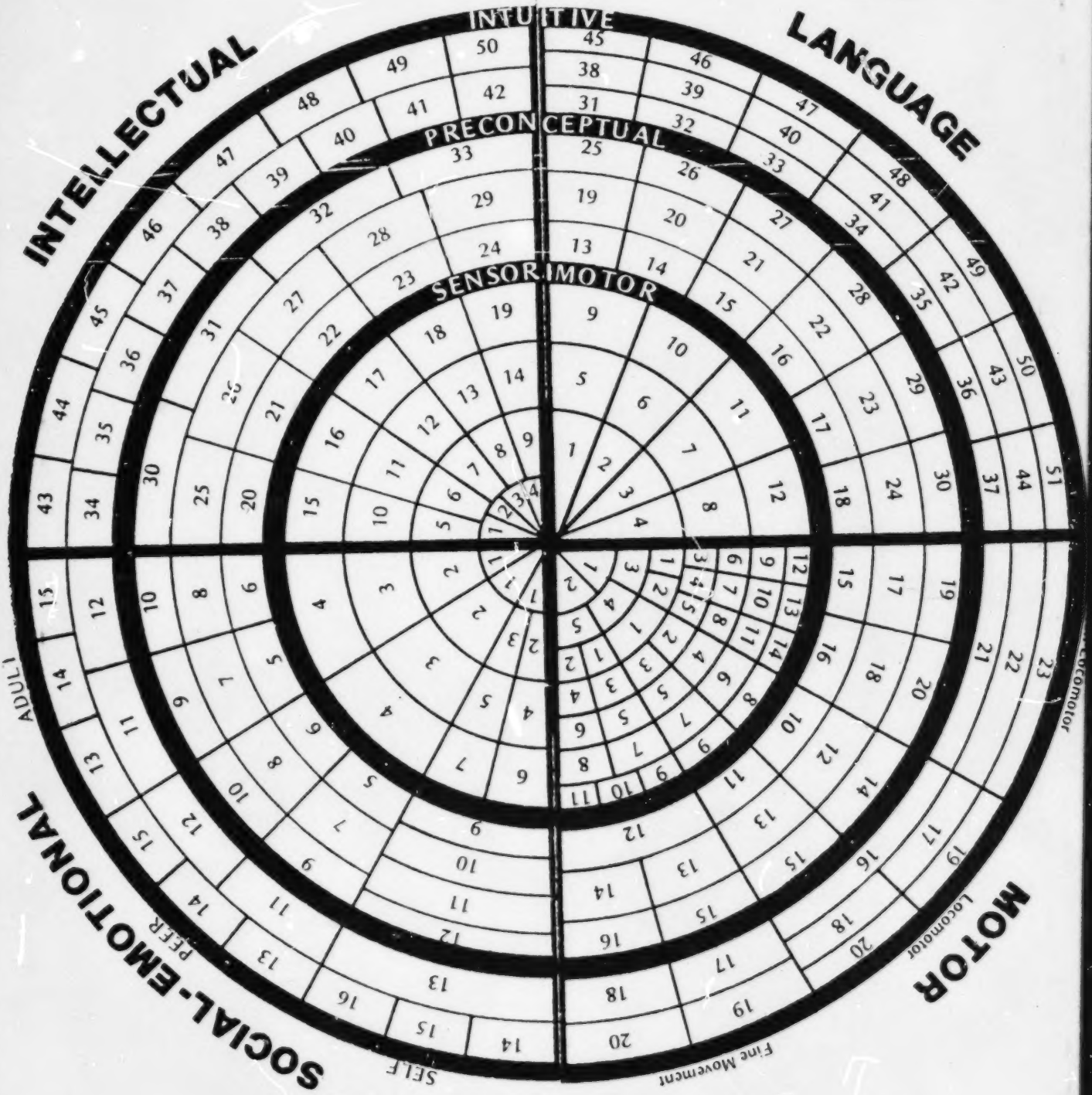
Child's Name _____

Observer _____

Dates of Observation

_____

_____



MAXIWHEEL OF
DEVELOPMENTAL MILESTONES

SCHAUMBURG EARLY EDUCATION CENTER
(SEEC)
MINIWHEEL OF DEVELOPMENTAL MILESTONES

-SAMPLE-

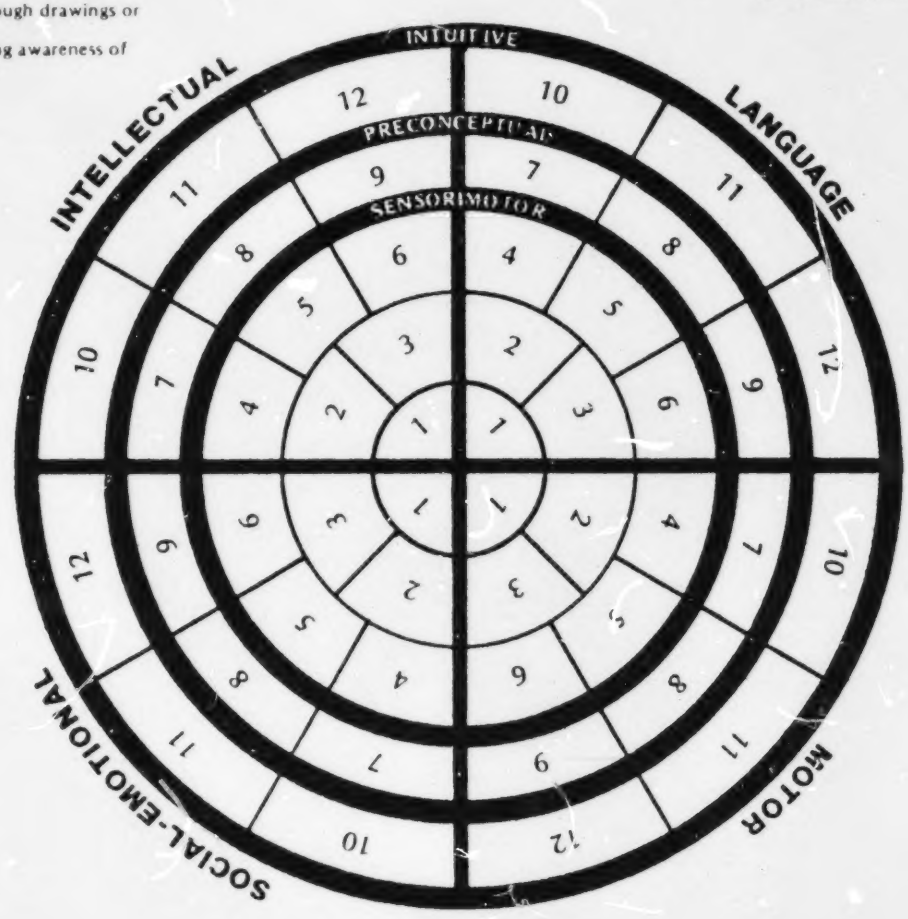
Child's Name _____ Birthdate _____

Dates: _____

Observer _____

INTELLECTUAL
1. Reflex actions
2. Follows an object with eyes
3. Imitates present actions of others
4. Searches for a hidden object
5. Discovers new use for an object
6. Demonstrates imitation of observed past actions
7. Matches objects
8. Begins cooperative play
9. Recognizes one attribute of an object
10. Relies on physical appearance rather than reason
11. Represents reality through drawings or constructions
12. Demonstrates beginning awareness of the existence of rules

LANGUAGE
1. Demonstrates reflex actions
2. Begins to babble
3. Uses vocal play
4. Begins to use jargon
5. Uses meaningful gestures
6. Verbalizes the existence of objects
7. Begins to use descriptive words
8. Verbalizes needs and desires
9. Comments on what is seen or heard
10. Verbalizes time relationships
11. Verbalizes relationship of self to others
12. Describes relationships of events



SOCIAL-EMOTIONAL
1. Reacts/Responds to environment
2. Explores environment
3. Seeks attention
4. Engages in play or actions
5. Seeks contact with peers or adults
6. Imitates behavior of peers or adults
7. Uses language to communicate
8. Engages in parallel play
9. Relies on own resources
10. Initiates sharing
11. Plays cooperatively
12. Displays independent, self-sufficient behavior

Developmental Stages
1-6 Sensorimotor
7-9 Preconceptual
10-12 Intuitive

MOTOR
1. Reflex actions
2. Uses horizontal and vertical eye movement
3. Changes body positions
4. Reaches and grasps
5. Demonstrates throwing or kicking motion
6. Stacks objects
7. Attempts to catch object
8. Runs
9. Demonstrates coordinated hand actions involving two different movements
10. Catches object
11. Moves with rhythmic motion
12. Uses materials to construct

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